

ORIGINAL
FILE

DOCKET NO. mm 92-147

ORDER DATED 6-30-92

FCC DA 92-2886

MIMEOGRAPH NO. DA 92-2886

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME Miller-Kohl Broadcasting Inc. C. R. R. NO. 97223
2880 S.W. 4th Ave, #13
Ontario, Oregon 97914

FCC MAIL SECTION 2 45 PM '92

FCC Form 55 May 1990

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Miller-Kohl Broadcasting Inc.
2880 S.W. 4th Ave, #13
Ontario, Oregon 97914

4a. Article Number
97223

4b. Service Type

| | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> CDD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery
7-15-92

5. Signature (Addressee)

6. Signature (Agent)
John L. Minium

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT